

Part II—The Program Reviews

In this part of the report, we provide the results of our review of 34 programs that the CDCR has identified as being designed to reduce recidivism.

Where California Now Stands

Tables 10 and 11 present an overview of the prison and parole programs and activities that the CDCR offers its adult offender population. In Appendix M we provide more information and analysis regarding these programs.

Table 10: CDCR Adult Offender Prison Program and Activity Participation

Activity-Program Type	Number of Prisoners Participating	% of Released Prisoners (n=134,148)
Support Services	50,019	37.3%
Bridging Program	27,791	20.7%
Academic Education	24,505	18.3%
Substance Abuse Treatment	9,772	7.3%
Vocational Educational	8,736	6.5%
Industries	4,033	3.0%
Forestry Training	3,608	2.7%
Camp	3,589	2.7%
Community Work Crews	748	0.6%
Reception Center Permanent Work Crews	181	0.1%
Joint Venture	40	0.0%
<i>Source: CDCR, 2006</i>		

Table 10 shows the numbers of prisoners who participated in a CDCR-sponsored program or activity at any time before their release dates in 2006. The largest percentage of prisoners participated in the Support Services activity. The CDCR assigns prisoners to Support Services to offer them the opportunity to learn skills through on-the-job or vocational training. Support Services assignments enable the prison to operate more efficiently and include positions like porter, food server, and yard crew worker.

Table 11: CDCR Adult Offender Parole Program and Activity Participation

Program Type	Releases	% of all releases (n=113,839)
Police and Corrections Team (PACT)	38,261	33.6%
Substance Abuse Treatment and Recovery (STAR)	6,205	5.5%
Substance Abuse Services Coordinating Agencies (SASCA)	4,440	3.9%
Parolee Employment Program (PEP)	4,071	3.6%
Employment Development Department (EDD)	3,452	3.0%
Parolee Service Centers (PSC)	3,061	2.7%
Computerized Literacy Learning Centers (CLLC)	2,496	2.2%
Parole Services Network (PSN)	1,485	1.3%
Bay Area Service Network (BASN)	1,386	1.2%
Residential Multi-Service Centers (RMSC)	943	0.8%
In-Custody Drug Treatment Program (ICDTP)	181	0.2%
Source: CDCR, 2005		

Table 11 shows the numbers and types of programs in which parolees participate. The Police and Corrections Team (PACT) is the program that has the largest parolee participation. The PACT creates partnerships between local law enforcement and social services agencies to provide parolees with assistance in obtaining substance abuse treatment, transitional living accommodations, employment services, subsistence services, and educational-vocational training.

The data in Tables 10 and 11 provides a baseline for California to begin the discussions about increasing the quantity of programs that the CDCR offers, as well as increasing the numbers of offenders who participate in rehabilitation programs. This is especially important in light of the rehabilitation program requirements required in the recently passed AB 900.

Identifying Recidivism Reduction Programs

The CDCR operates more than just recidivism reduction programs and activities, and we provide an in-depth description of those programs and activities in Appendix M. Our mission was focused on rehabilitation programming, which means that we had to develop a means of specifically identifying recidivism reduction programs. To meet our definition of a recidivism reduction program, the programs had to satisfy all three of these criteria:

1. It must conform to our definition of a program. A program is a set of structured services designed to achieve specific goals and objectives for specific individuals over a specific period of time. Programs are typically targeted towards particular problems such as substance abuse or criminal thinking.^{ad}
2. It must be a recidivism reduction program, intended to reduce risks to reoffend levels and criminogenic needs scores of offenders—making offenders less likely to commit further crimes. Recidivism reduction programs are those programs that would be judged successful based on their having a positive impact on recidivism by participants.
3. It must be a CDCR-operated or funded program. The CDCR must operate the program directly through its staff or indirectly through a contract provider.

The CDCR Office of Research submitted the initial roster of recidivism reduction programs that they wished us to consider. We gave that roster, along with our filtering criteria, to a group of CDCR managers (adult programs, adult institutions, adult parole, substance abuse treatment, and correctional education). We asked them to review the roster that the Office of Research had submitted to us in light of our filtering criteria and to nominate those programs that should be included in the Nominated Recidivism Reduction Program Inventory (NRRPI). The CDCR managers nominated 34 programs that they felt met the criteria to be included in the NRRPI.^{ae} Table 12 shows the results of this exercise.

^{ad} We used the Pennsylvania Department of Corrections Program Analysis: A Description of PA DOC Programs and an Evaluation of their Effectiveness report for our definition of “program.”

^{ae} The Prisoner Reentry Initiative (PRI) was originally on the list of programs that the CDCR managers nominated for the NRRPI. But the PRI program representatives did not respond in time for us to include the program’s information in this report.

Table 12: CDCR-Nominated Recidivism Reduction Program Inventory

Prison Programs
Academic Courses
Bridging Education Program (BEP)
Carpentry Pre-Apprenticeship Program
Community Prisoner Mother Program (CPMP)
Conflict Anger Lifelong Management (CALM)
Drug Treatment Furlough (DTF)
Elementary Secondary Education Act (ESEA)
Family Foundations Program (FFP)*
Inmate Employability Program (IEP)
Offender Employment Continuum (OEC)
Re-Entry Education
S.T.A.N.D. U.P. (Successful Transitions and New Directions Utilizing Partnerships)
Substance Abuse Program (SAP)
Transitional Treatment Program (TTP)
Vocational Education
Parole Programs
Community Reentry Partnerships (CRP)
Community-Based Coalition (CBC)
Computerized Literacy Learning Centers (CLLC)
Day Reporting Center (DRC)
Employment Development Department (EDD)
Female Offender Treatment and Employment Program (FOTEP)
In-Custody Drug Treatment Program (ICDTP)
Parolee Employment Program (PEP)
Parolee Service Centers (PSC)
Parolee Services Network (PSN)
Parolee Substance Abuse Program (PSAP)
Residential Multi-Service Center (RMSC)
Substance Abuse Service Coordinating Agency (SASCA)
Substance Abuse Treatment and Recovery (STAR)
Prison & Parole Programs
Employment Re-Entry Partnership (ERP)
Incarcerated Youthful Offenders (IYO)
SB 618
Transitional Case Management Program-HIV (TCMP-HIV)
Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)
<i>*Alternative to incarceration.</i>

Methodology for Surveying Inventory Programs

The Program Review sub-committee worked with a team of researchers from the Center for Evidence-Based Corrections (CEBC) to develop a survey instrument to collect information on each of the 34 programs that the CDCR managers nominated for the NRRPI. (See Appendix N for a copy of the survey.) We designed the survey to gather program information on program characteristics using the approach taken by the Pennsylvania Department of Corrections (2003), as well as to identify the five key program development elements (context, identification, intervention, goals, and linkages) that Krisberg (1980) outlined.

In most cases, if the CDCR was operating a program at multiple sites with multiple providers, then CDCR program management staff nominated the program sites they wanted us to survey. They nominated the sites they believed represented the most “pure” program models. However, for the in-prison Substance Abuse Program (SAP), we surveyed each of the six providers.

We distributed surveys to the program directors, by email and by mail. We included a cover letter from Marisela Montes, Chair of the Expert Panel, with each survey. The cover letters contained instructions for completing the surveys and a list of supporting materials that we wanted the program directors to submit to us along with the survey. The supporting materials included: copies of program manuals, training materials, curriculum materials, and other documentation that would support their responses to the survey items.

The CEBC used the program directors’ responses and supporting materials to create the NRRPI. The NRRPI is a comprehensive catalog of pertinent information for each of the 34 nominated recidivism reduction programs. Because of its size, we have placed it in Appendix N of this report. We encourage the reader to review the NRRPI to get an overview of the kinds of rehabilitation programs the CDCR offers its adult offenders.

Evaluating Recidivism Reduction Programs

The NRRPI contained 34 programs. We conducted a high-level review of 11 of those programs to determine their fidelity to evidence-based programming principles and practices. This review provides information as to whether or not these programs have a high *probability* of producing good program outcomes.

Selecting a Rating Instrument

We decided to review the 11 programs using the California Program Assessment Process (CPAP). The CPAP is a tool for rating rehabilitative programs according to their conformity with the findings of behavioral research on effective correctional interventions.

A CPAP rating provides two kinds of information on program quality. First, the Effective Interventions Scale assesses the degree to which a program’s design incorporates elements that reduce recidivism. Second, the Research Basis Scale assesses the extent and the quality of the research supporting the program’s design. This combination of ratings allowed us to determine whether these CDCR programs reflected or were out of step with the eight evidence-based rehabilitation programming practices and principles.

Selecting the Programs to Review

The CEBC staff used these criteria to determine which of the 34 programs it would review first:

- Balance between institutional and parole/community programs
- Inclusion of programs specifically for female offenders
- Diversity of program types (substance abuse, life skills, vocational/employment, etc.)
- CDCR program practitioner sense of which programs are the most promising in terms of recidivism-reduction potential

Table 13 shows the 11 programs that we selected to review first and the locations at which they are operated.

Table 13: 11 Programs Selected for CPAP Review

	Program	Site
Institutions Programs	Incarcerated Youthful Offender (IYO)	Centrally administered
	Substance Abuse Program (SAP)	SATF-Yard F
	Family Foundations Program (FFP)	Santa Fe Springs
	Re-Entry Education	Centrally administered
	Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP)*	Centrally administered
Parole-Community Programs	Female Offender Treatment Employment Program (FOTEP)	San Diego
	Substance Abuse Treatment and Recovery (STAR)	Centrally administered
	Parolee Employment Program (PEP)	San Diego
	Residential Multi-Service Centers (RMSC)	Stockton
	In-Custody Drug Treatment Program (ICDTP)	Centrally administered
	Day Reporting Center (DRC)	Fresno
* TCMP-MHSCP was classified as an institutional program in the initial roster of programs prepared by the CDCR Office of Research. It has elements that occur both in the prisons and in the community.		

CPAP Assessments Methodology

To prepare for the program reviews, the CEBC and CDCR Research staff members, who were assigned to perform the ratings, attended a full day of training conducted by Dr. Ryken Grattet and Jesse Jannetta. The trainers presented the raters with a copy of the CPAP and other instructional materials; informed the raters of the theoretical basis of the CPAP; and conducted a mock rating of a CDCR operated program to familiarize the raters with the process.

After completing the training, Dr. Grattet and Jesse Jannetta organized the raters into five teams of two. One rater was from the CDCR Office of Research and the other was from the Center for Evidence-Based Corrections (CEBC). Dr. Grattet and Jesse Janetta gave each of the teams two or three programs to review.

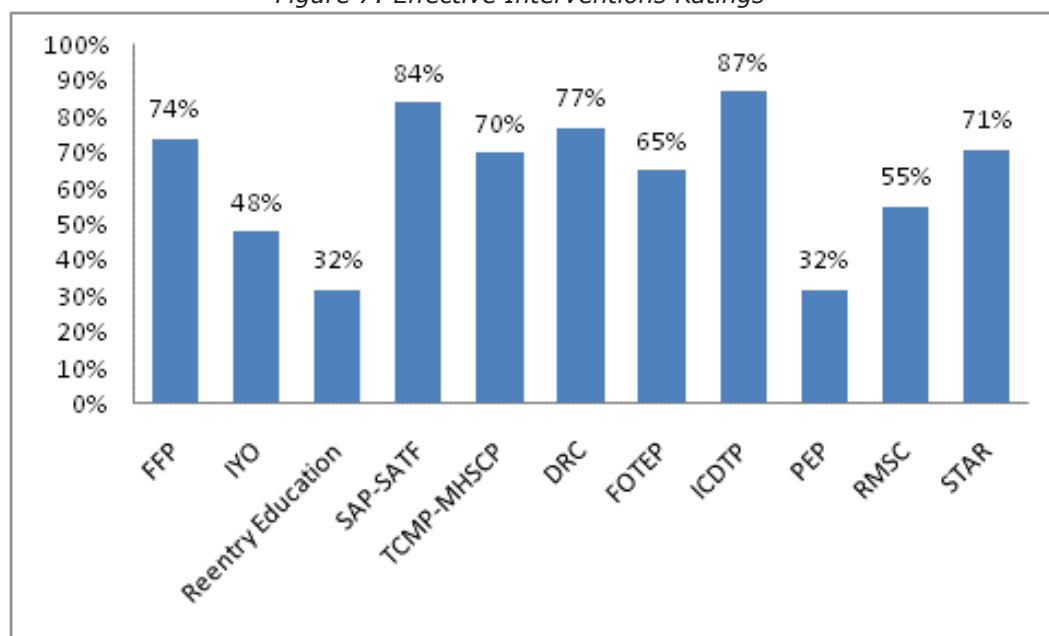
The raters then reviewed their assigned programs. The raters used a scoring sheet (which can be found in Appendix N) to rate and document assessment scoring decisions. First they reviewed the information contained in the surveys and supporting material that the program directors had submitted and made an initial, independent assessment of the program. Team members then compared their assessment scores and created a list of follow up questions for the program representative. The teams then contacted the program representative via email or by telephone to gather any missing information and to clarify any areas of uncertainty. The teams documented all email communications and transcribed all phone conversations to ensure information accuracy.

Ratings for each program represent the consensus of both members of the rating team. In the event that team members were unable to achieve consensus, Dr. Grattet and Jesse Jannetta mediated scoring disagreements. The teams submitted their final CPAP assessments with corresponding documentation. We reviewed and concurred with their assessments and included that information in this report.

Effective Interventions Ratings

Figure 7 summarizes each program's score on the CPAP *Effective Interventions Scale*, as a percentage of possible points. Six of eleven programs that we rated received 70% or more of the possible points, indicating that many of the CDCR programs were designed with the principles of effective intervention. This is a promising sign that California is moving toward evidence-based practices in its rehabilitation program design. However, the fact that three of the eleven programs rated received less than 50% of the possible points also suggests that there are areas in which the CDCR can improve its program designs to make them more effective.

Figure 7: Effective Interventions Ratings

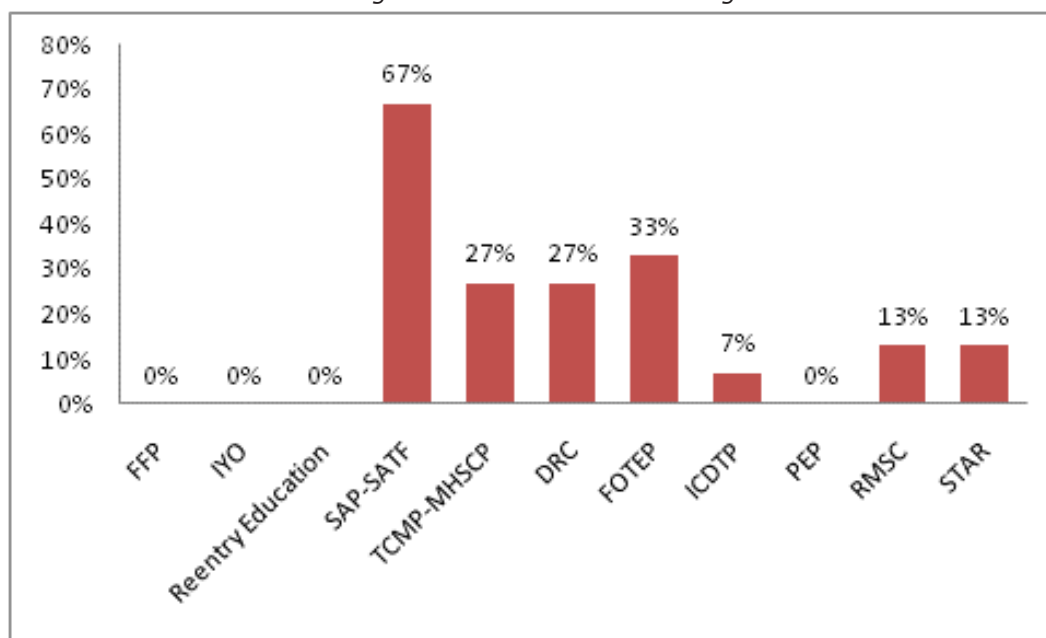


FFP: Family Foundations Program; IYO: Incarcerated Youth Offenders; SAP-SATF: Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F; RCMP-MHSCP: Transitional Case Management Program-Mental Health Services Continuum; DRC: Day Reporting Center; FOTEP: Female Offender Treatment and Employment Program; ICDTP: In-Custody Drug Treatment Program; PEP: Parolee Employment Program; RMSC: Residential Multi-Service Center; STAR: Substance Abuse Treatment and Recovery

Research Basis Ratings

Figure 8 summarizes each program's score on the CPAP *Research Basis Scale*, as a percentage of possible points. We gave zero points to four of the eleven programs that we reviewed because they did not have any internal evaluation requirements or methods. When we reviewed the remaining seven programs, only four of those programs scored higher than 27% and the other three scored 13% or lower. This indicates that CDCR programs are not delivered in accordance with evidence-based principles and practices.

Figure 8: Research Basis Ratings



FFP: Family Foundations Program; IYO: Incarcerated Youth Offenders; SAP-SATF: Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F; TCMP-MHSCP: Transitional Case Management Program-Mental Health Services Continuum; DRC: Day Reporting Center; FOTEP: Female Offender Treatment and Employment Program; ICDTP: In-Custody Drug Treatment Program; PEP: Parolee Employment Program; RMSC: Residential Multi-Service Center; STAR: Substance Abuse Treatment and Recovery

CPAP Assessments Summary

Table 14 summarizes the results of the combined program ratings from the *Effective Interventions* and *Research Basis Scales*. We list the CPAP rating element from each scale on the left side of the chart.

Table 14: Summary of CPAP Assessments on 11 Rated Recidivism Reduction Programs

	Institution Programs					Parole/Community Programs					
	FFP	IYO	Reentry Education	SAP-SATF	TCMP-MHSCP	DRC	FOTEP	ICDTP	PEP	RMSC	STAR
Assesses risk and targets high-risk	◇	◇	◇	∞	◇	◇	◇	◇	◇	◇	◇
Assesses criminogenic needs and delivers services accordingly	●	◇	◇	●	●	●	◇	●	◇	◇	●
Theoretical model clearly articulated	●	●	◇	●	●	●	●	●	●	◇	●
Has program manual and/or curriculum	●	●	●	●	●	●	●	●	●	●	●
Uses cognitive-behavioral or social learning methods	●	◇	◇	●	●	●	●	●	◇	●	●
Enhances intrinsic motivation	●	◇	◇	●	◇	●	●	●	◇	◇	●
Continuum with other programs and community support networks	●	●	◇	●	●	●	●	●	∞	●	∞
Program dosage varies by risk level	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇	◇
Responsive to learning style, motivation and culture of offenders	●	●	●	●	●	●	●	●	◇	●	◇
Uses positive reinforcement	●	◇	◇	●	◇	●	●	●	◇	●	●
Staff has undergraduate degrees	◇	∞	●	◇	●	●	◇	●	◇	●	◇
Staff has experience working with offenders	●	●	●	●	?	●	●	●	●	●	●
Staff recruitment and retention strategy	●	◇	◇	●	●	●	◇	●	◇	●	●
New staff training	●	●	●	●	●	●	●	●	◇	◇	●
Program director qualifications	∞	∞	∞	∞	∞	∞	●	●	∞	∞	●
Program data collected and analyzed	●	●	∞	●	∞	∞	●	●	∞	∞	∞
Rigor of evaluation studies	◇	◇	◇	●	●	●	●	∞	◇	∞	∞
Best practices and/or expert panel recommends	◇	◇	◇	●	◇	◇	◇	◇	◇	◇	◇
Evaluation study appeared in peer-reviewed publication	◇	◇	◇	●	◇	◇	◇	◇	◇	∞	∞
Extent and consistency of evaluation results	◇	◇	◇	∞	◇	◇	●	◇	◇	◇	◇
Legend: ● Meets criteria ∞ Partially meets criteria ◇ Does not meet criteria ? No data provided											
FFP: Family Foundations Program; IYO: Incarcerated Youth Offenders; SAP-SATF: Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F; TCMP-MHSCP: Transitional Case Management Program-Mental Health Services Continuum; DRC: Day Reporting Center; FOTEP: Female Offender Treatment and Employment Program; ICDTP: In-Custody Drug Treatment Program; PEP: Parolee Employment Program; RMSC: Residential Multi-Service Center; STAR: Substance Abuse Treatment and Recovery											

CPAP Assessments Details

In this section of the report we provide an explanation of the evidence-based practice or principle behind each of the CPAP rating elements. Then, in italics, we provide a summary of the performance of the eleven programs relative to each element.

Assesses Risk and Targets High-Risk

The most effective recidivism reduction programs conform to the risk principle, which states: "Programs should target offenders who are the greatest risk to reoffend." By targeting the highest risk to reoffend offenders, the CDCR can allocate its resources to offenders who present the greatest risk to the public and who are likely to require the most intensive program interventions to prevent recidivism. To receive credit on this rating element, programs must assess offender risk by means of a validated risk assessment instrument, and target program services to the highest risk offenders.

Only one of the eleven programs assessed with the CPAP conducted or utilized a validated risk assessment instrument. That program, the Substance Abuse Program at the California Substance Abuse Treatment Facility-Yard F, utilizes the CDCR institutional classification score, which is valid for predicting risk of violence within CDCR institutions, although not post-release risk. That program did not use the instrument for the purpose of targeting higher risk offenders. Both within the CPAP programs assessed and in the Inventory generally, informal predictors of potential risk (such as convictions for violent offenses) were usually used to disqualify offenders from programs, rather than to target them for programming interventions. Generally, when CDCR programs target offenders by risk level, it is for the purpose of restricting a program to low-risk offenders. High risk offenders are served only by programs that do not consider risk level at all. The result is a programming environment that offers more programming to low-risk offenders than to high-risk offenders, in direct contradiction to the risk principle.

Assesses Criminogenic Needs and Delivers Services Accordingly

The most effective recidivism reduction programs conform to the needs principle, which states: "Programs should address criminogenic needs." Criminogenic needs are the deficits an offender faces that have contributed to past offending behavior and are likely to lead to future offending unless they are addressed. These needs are dynamic risk to re-offend factors, ones that are possible to change through effective intervention. To receive credit on this rating element, programs must use a validated needs assessment instrument to determine the criminogenic needs of participants and use that assessment to determine the delivery of services and treatment.

Needs assessment was more common than was risk assessment among the programs assessed with the CPAP. Six of the eleven programs assessed conduct needs assessments using a validated instrument for the purpose of determining how services should be delivered. The six programs used a variety of instruments, often dictated by the specific program type, such as the Wechsler Adult Intelligence Scale-III and Minnesota Multi-Phasic Personality Inventory-2 mental health assessments utilized by the Transitional Case Management Program-Mental Health Services Continuum. The Contra Costa County Office of Education, which runs both the Substance Abuse Treatment and Recovery program and the In-Custody Drug Treatment Program, developed its own needs assessment instrument, and retained a psychometrician to conduct validation tests for it. Their instrument was the only instrument utilized by more than one of the programs assessed.

Among the five programs that did not utilize a valid needs assessment instrument, each used some kind of intake form or checklist to identify offender needs. In the absence of validation, it was not possible to determine how consistent these instruments were, or how accurately and effectively they identified offender needs. The variety of validated and non-validated needs assessment tools in use across these programs is in part the result of the lack of a CDCR-wide needs assessment protocol for offenders, which forces each program to adapt its own approach to assessing needs. These program-specific needs assessments were used primarily to determine how a program should be delivered to participants once they were admitted to a program, rather than to screen eligible participants to determine which of them should be in the program.

Clearly Articulates a Theoretical Model

A program's theoretical model posits a cause and effect relationship between the program activities and a reduced likelihood of recidivism. To receive credit on this rating element, the program model must identify a criminogenic need, and it must link the program intervention to addressing that need. Programs do not receive credit for this element if they address only non-criminogenic needs (although they may address such needs alongside criminogenic needs), or if program content does not have a clear relationship to that need.

Clearly articulated theoretical models were the norm among the eleven programs assessed. Only the Residential Multi-Service Center and the Reentry Education programs did not clearly articulate their theoretical models. Both deliver services or curricula intended to address a variety of potential criminogenic needs, but neither drew a clear relationship between those services and their participant population. Significantly, neither program conducts a needs assessment, contributing to a lack of clarity about the relationship between program intervention and participant need.

Has Program Manual and/or Curriculum

Written program manuals and curricula are important means by which the program's theory and content is transmitted consistently to program staff. Programs receive credit for having this material in writing.

All eleven programs assessed had written program manuals and/or curriculum materials.

Uses Cognitive-Behavioral or Social Learning Methods

Cognitive behavioral and social learning approaches have a track record of success in programs to reduce re-offending. Cognitive-behavioral theory posits that offending behavior is the result of patterns of thought that are conducive to criminal behavior. Addressing these criminal thought patterns requires social learning techniques in which the offenders are not only taught different ways of thinking, but how to model them. Pro-social attitudes and behaviors are positively reinforced by program staff. Cognitive-behavioral and social learning methods stress the importance of structure, organized values, roles, rules, responsibilities, and of accountability. A program receives credit for utilizing cognitive-behavioral or social learning methods.

Eight of eleven programs assessed received credit for employing cognitive-behavioral and/or social learning methods, and a ninth (Reentry Education) employs elements of a cognitively-based curriculum, but the overall program framework does not operationalize the methods sufficiently to receive credit. Based on the programs assessed, it appears that the value of these methods is understood within the CDCR program provider community. It is likely that the quality and the extent of the use of these methods in practice vary considerably

across programs. Determining the degree to which this is the case was beyond the scope of this CPAP assessment project, but devoting resources to doing so would provide valuable additional insight into the quality of cognitive-behavioral and social learning programming in the CDCR.

Enhances Intrinsic Motivation

A degree of intrinsic motivation is necessary for an offender to realize lasting behavioral change. Offender motivation for change is likely to fluctuate over the course of program participation and the offender may experience substantial ambivalence about abandoning long-held patterns of thinking. Program staff can play a powerful supporting role in enhancing the motivation of prisoners to change, using a technique called “motivational interviewing.” Motivational interviewing is a directive, goal-oriented counseling style intended to elicit offender ambivalence about change in order to effectively resolve it. Programs receive credit if they utilize motivational interviewing techniques.

Six of the eleven programs assessed reported training staff on motivational interviewing techniques and requiring their use. The more intensive programs in the group, such as residential and therapeutic community programs, were particularly likely to use motivational interviewing.

Has Continuities with other Programs and Community Support Networks

Many successful program interventions recruit and use offender family members, community programs and other sources of pro-social support to positively reinforce desirable behaviors. Engaging such support networks can extend the reach, and therefore the effectiveness, of programs in both time and space. Programs receive credit for continuities with community support networks, offender families and other programs.

All the programs assessed with the exception of Reentry Education received at least partial credit for continuities. Family Foundations Program (FFP), Substance Abuse Program at California Substance Abuse Treatment Facility-Yard F (SATF SAP), Day Reporting Center (DRC), Female Offender Treatment and Employment Program (FOTEP), and Residential Multi-Service Center (RMSC) engage participant family members. The SATF SAP, FFP, Incarcerated Youthful Offenders, In-Custody Drug Treatment Program, and Substance Abuse Treatment and Recovery programs interface with other programs to provide aftercare or follow-up services for program completers. FFP, DRC, FOTEP, Parolee Employment Program, RMSC, and Transitional Case Management Program-Mental Health Services Continuum programs connect clients with community resources such as AA/NA meetings or transitional housing providers. The Reentry Education program funds community liaisons in three cities, which is too limited relative to the entire participant population to receive credit as part of the overall program design, but indicates recognition of the importance of these continuities. Based on this group of programs, the CDCR and its program providers consistently seek to build continuities with other programs and community support networks into their program models.

Varies Program Dosages by Risk Level

Dosage refers to the total program exposure, generally measured in hours. The effectiveness of good programs can be diluted when the program is delivered at a low intensity. As a general principle, a higher dosage of programs should be delivered to higher risk to re-offend offenders. Programs receive credit for delivering the program at a higher dosage to higher-risk offenders.

Since none of the programs assessed risk, we did not give any of the programs credit for this item.

Responds to Offender Learning Style, Motivation and Culture

The most effective recidivism reduction programs conform to the responsivity principle, which states: “Programs should be responsive to the temperament, learning style, motivation and culture of offenders.” These offender attributes can act in two ways important for program effectiveness. First, attributes such as offender motivation may determine whether an offender is “ready” for the program. An unready offender may be best excluded from a program, despite having the risk profile and criminogenic needs appropriate for participation. Second, once an offender is included in a program, the program will enhance its effectiveness by matching delivery to the different learning styles, temperaments and cultural backgrounds of the participants. While taking all of these factors into account is a tall order for any program, “one size fits all” approaches are less effective than those that have responsivity elements built into their design. Programs do not receive credit if the program is delivered to all offenders in the same manner.

Nine of the eleven programs assessed received credit for incorporating responsivity elements into their program design. Of the nine, only Incarcerated Youthful Offenders (IYO) appears to evaluate offender readiness for the program. The other programs that incorporate responsivity elements modify program delivery in response to relevant differences among offenders. In other words, the programs assessed generally considered responsivity factors for participants once they were in the program, not whether they should be in the program.

Uses Positive Reinforcement

Programs should use positive incentives. The current research consensus is that positive reinforcement should be applied more than negative reinforcement when trying to effect behavior change. Programs receive credit for building positive reinforcement structures into their program design.

Seven of the eleven programs assessed had explicit use of positive reinforcement built into their program designs. Examples of positive reinforcement for behavior change included earned privilege systems, added trips or extracurricular activities, or regular verbal praise and encouragement as a performance requirement of program staff. IYO and Reentry Education use graduation ceremonies as positive reinforcements.

Employs Qualified Staff Members

Formal education is particularly important given that many of the elements of effective interventions that have proven effective (such as motivational interviewing and cognitive behavioral methods) have specialized technical content. Prior experience working with offenders is also valuable, as working with offenders to change their behavior presents unique challenges. Programs receive credit if 75% of staff delivering program services to offenders have undergraduate degrees, if 75% of those degrees are in helping professions, and if 75% of staff have two years of experience working with offenders.

Seventy-five percent of staff delivering program services had undergraduate degrees in six of eleven programs surveyed. In five of those six programs, 75% of staff degrees were in a helping profession. 75% of the staff had at least two years of experience working with offenders in all ten of the programs that were rated on this item. (Transitional Case Management Program-Mental Health Services Continuum could not provide the information necessary to rate this item.) There was no program that failed to meet both the undergraduate degree and the experience working with offenders criteria. It appears that the CDCR program division values experience with offenders more than formal education.

Has a Staff Recruitment and Retention Strategy

Programs will be much more effective in recruiting a staff that meets CDCR's preferred standard if they have an explicit strategy for recruiting individuals with the desired qualifications. A staff retention strategy to keep staff members in the program is also important. Heavy staff turnover interferes with the consistency of program delivery and can cause deterioration in quality of even the best-designed programs. Programs receive credit for having an explicit strategy to recruit and/or retain staff.

Seven of the eleven programs assessed had a strategy for either staff recruitment, staff retention, or both. Retention strategies were more common than recruitment strategies, and many of the recruitment strategies put forth by programs seemed to be standard hiring processes.

Trains New Staff

Staff training is vital for the consistent delivery of program services in accordance with the program model and is particularly important for new staff members. Written training materials facilitate the translation of the program model into practice. Conversely, the absence of such material raises red flags regarding the quality of staff training. Programs receive credit for providing training for new staff that includes written training materials.

All but two of the programs assessed received credit for new staff training. In the two programs that did not receive credit, there was no distinct training for new staff. Instead, new staff receive their training by attending regularly held training sessions with the staff already in place.

Employs Qualified Program Directors

The qualifications and degree of involvement of a program director impacts the likelihood of program effectiveness. Programs receive credit if the program director was involved in the development of the program, which provides him or her with greater knowledge of the program model, if the program director has experience working with offenders, and if the program director has a degree in social work or a related field.

Three of the programs assessed had program directors who met all three criteria, and another four had program directors who met two of the three criteria. No program had a director who did not meet any of the criteria. For the five programs with program directors who met only one of the three criteria, that criterion was experience working with offenders.

Collects and Analyzes Program Data

Evidence-based practice requires not only evaluating evidence collected in other contexts when deciding what program approach to adopt, but collecting and using evidence once a program is in place. Programs should measure performance and use that information for continuous improvement. Effective measurement must be built into a program from the start in order to produce the most accurate and useful data for program evaluation and improvement.

Programs receive credit if they:

1. Collect data to monitor program performance.
2. Include individual level data on participation.
3. Identify the program eligible population.
4. Forward data for analysis by a non-program entity.

Five of the eleven programs assessed met all four of the criteria. Substance Abuse Treatment and Recovery (STAR), Parolee Employment Program, and Day Reporting Center (DRC) were able to meet all criteria except for identifying the program eligible population, which was not possible due to the way in which participants are referred to them. Residential Multi-Service Center (RMSC) met all criteria except the forwarding a data for analysis by a non-program entity. Transitional Case Management Program-Mental Health Services Continuum (TCMP-MHSCP) does not gather data to monitor program performance, nor does it collect individual-level data. Reentry Education met only the first of the criteria.

Bases Programs on Research

There are two ways of looking at the strength of the research basis of a program model. The first is the extent of that research basis: has it been evaluated multiple times, have those evaluations met the standards of publication for peer-reviewed journals, and have the outcomes of those evaluations been consistently positive, or have they been mixed? The second is the rigor of the research that has generated the evidence: have the research studies on program outcomes had sufficiently strong designs to create confidence that any differences in recidivism between program participants and non-participants are the result of the program, and not other differences between participants and non-participants?

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Four of the eleven programs assessed had no research basis to rate, so far as the raters could determine. Three programs (STAR, RMSC and In-Custody Drug Treatment Program (ICDTP)) had evidence only from the evaluation of the Preventing Parolee Crime Program (PPCP) conducted by a team of researchers from San Diego State University, lead by Dr. Sheldon Zhang. STAR and RMSC are component programs of PPCP, and the evaluation found a relationship between participation in each and a reduced likelihood of re-incarceration within 12 months of release from prison. The study was reasonably well-designed, and the results were published in a peer-reviewed publication. The performance of STAR and RMSC was assessed relative to a comparison group of parolees who did not participate in any PPCP programs. However, the study was of PPCP as a whole, not of the individual programs within it. This comparison group may or may not be similar to STAR or RMSC participants. The research basis for ICDTP is even more tenuous, consisting of the examination of STAR in the PPCP evaluation, as ICDTP is based in part on the STAR curriculum. The persuasiveness of the evidence in favor of all three programs would be much stronger had they been evaluated individually, comparing results for participants against a comparison group of parolees eligible for those programs specifically.

TCMP-MHSCP and DRC were evaluated individually, with reasonably strong research designs, although the DRC evaluation was of the program operated in Chicago, not the Fresno DRC. Female Offender Treatment and Employment Program has multiple positive evaluations of comparable strength of design to the TCMP-MHSCP and DRC evaluations.

The most thoroughly evaluated program model is the Substance Abuse Program at the California Substance Abuse Treatment Facility-Yard F. The best study showing positive results for the in-prison therapeutic community model is a quasi-experimental design, a stronger design than that used by any of the other CPAP-assessed programs. There have been multiple positive evaluations of the model, including in peer-reviewed publications, and it has been recommended by expert and best practices bodies. However, there have also been negative and no effect evaluations of the model, including one in California. The best research consensus on this program model is that it is not very effective unless the program is followed by post-release aftercare. This is currently something that in-prison Substance Abuse Programs, in cooperation with Substance Abuse Service Coordinating Agency, try to facilitate, but participation in aftercare is voluntary, and research by the UCLA Integrated Substance Abuse Program (ISAP) indicated that participation rates in aftercare are low.

If the eleven programs assessed by the CPAP are any indication, the research evidence on CDCR programming is not extensive. What is unknown about the effectiveness of this group of programs is far more than what is known, and directing more research resources to these programs is warranted.

CPAP Program Reviews Conclusion

The CPAP assessments that we conducted on the eleven identified recidivism reduction programs provide grounds for optimism concerning program content. Most of the programs that we reviewed contain program design elements that are in line with “what works” research for effective adult offender rehabilitation programming. Only three of the eleven programs that we reviewed scored poorly overall: Incarcerated Youthful Offenders (IYO), Reentry Education, and Parole Employment Program (PEP). IYO’s low scores validate our recommendation that the CDCR needs to devote more attention to developing age-responsive programming for its youthful offenders. The low scores in the Reentry Education program and PEP highlight the importance of our recommendations to ensure that parolees have the necessary reentry programs that will give them the skills they need to be successful in the community—maintain sobriety, locate housing, and obtain employment. The CDCR needs to improve the quality of these critical offender programs, especially in light of the fact that the PEP operates in all 33 of the CDCR’s adult prisons.

While we uncovered good news regarding program content, program placement did not fare as well. As we have mentioned before, the CDCR has only recently begun piloting a validated risk to re-offend assessment tool with its prison population, but has been using such an instrument with its parole population for more than two years. Continued and expanded use of these tools will help the CDCR program staff assign offenders to programming based on risk to re-offend and criminogenic needs levels. We provide additional details of the CPAP program reviews in Appendix N.



